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CONFIRMATION NO. 3409

<b>SERIAL NUMBER</b> 10/812,648	<b>FILING or 371(c) DATE</b> 03/29/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 1020P18387	
<b>APPLICANTS</b> Jose Ramirez II, Aloha, OR; Nikhil M. Deshpande, Beaverton, OR; <i>None</i> 07/22/07 <b>HF</b> <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> 07/22/07 <b>YF</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/07/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>Michael</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  OR	<b>SHEETS DRAWINGS</b>  3	<b>TOTAL CLAIMS</b>  20	<b>INDEPENDENT CLAIMS</b>  4
<b>ADDRESS</b> KACVINSKY LLC C/O INTELLEVATE P.O. BOX 52050 MINNEAPOLIS, MN 55402 UNITED STATES					
<b>TITLE</b> Access point having at least one or more configurable radios					
<b>FILING FEE RECEIVED</b> 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		